



TOWN OF HANOVER
HANOVER TOWN HALL
550 HANOVER STREET
HANOVER, MASSACHUSETTS 02339
781-826-5000 ext. 1035

Treasurer's Office

HEALTH-LIFE-DENTAL INSURANCE – DENIAL FORM

I have been offered Health Insurance Benefits with the Town of Hanover and do not accept any at this time. I understand that if I am eligible, I have the option of joining at the time of open enrollment.

Signed: _____ Date: _____

I have been offered Life Insurance Benefits with the Town of Hanover and do not accept the benefit at this time. I understand that if I opt for Life Insurance in the future, I must complete a physical exam to be accepted by the Insurance Company.

Signed: _____ Date: _____

I have been offered Dental Insurance Benefits with the Town of Hanover and do not accept the benefit at this time. I understand that if I am eligible, I have the option of joining at the time of open enrollment.

Signed: _____ Date: _____
